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B 22C (Official Form 22C) (Chapter 13) (01/08)	
Case Number: Debtor(s) Debtor(s) Debtor(s) Case Number: D9-14965.S. BARYLAN (If known) DESTRUCTION OF THE PROPERTY COURTS ARYLAN	According to the calculations required by this statement: The applicable commitment period is 3 years. The applicable commitment period is 5 years. Disposable income is determined under § 1325(b)(3). Disposable income is not determined under § 1325(b)(3). (Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

!		Part I. REPO	RT OF INCOME			
ı	Marital/filing status. Check the box that applies and complete the balance of this part of this statement as directed. a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10. b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 2-10. All figures must reflect average monthly income received from all sources, derived during the Column B					
	All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.					
2	Gross	wages, salary, tips, bonuses, overtime, commis	sions.	s1840.00	S	
3	and en busine Do no	ne from the operation of a business, profession, need the difference in the appropriate column(s) of east, profession or farm, enter aggregate numbers a set enter a number less than zero. Do not include a ed on Line b as a deduction in Part IV.	Line 3. If you operate more than one nd provide details on an attachment.			
	a.	Gross receipts	s 0 .00			
	b.	Ordinary and necessary business expenses	s -0. 00			
	c.	Business income	Subtract Line b from Line a	s 7.00	\$	
	in the	and other real property income. Subtract Line bappropriate column(s) of Line 4. Do not enter a nart of the operating expenses entered on Line b	umber less than zero. Do not include			
4	a.	Gross receipts	s ().00			
	b.	Ordinary and necessary operating expenses	\$ 0.00			
	C.	Rent and other real property income	Subtract Line b from Line a	\$ 2.00	\$	
5	Inter	est, dividends, and royalties.		\$0.00	\$	
()	Pensi	on and retirement income.		50.00	<u> </u>	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse.					
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:					
<u> </u> 		inployment compensation claimed to benefit under the Social Security Act Debtor \$_	Spouse \$	s ().60	S	

9	Income from all other sources. Specify source and amount. If necesses sources on a separate page. Total and enter on Line 9. Do not include a maintenance payments paid by your spouse, but include all other p separate maintenance. Do not include any benefits received under the payments received as a victim of a war crime, crime against humanity, international or domestic terrorism.	r			
	a. Foster Care Stipend b. Disability Payment	\$1,991.00 \$678.00	2119 10		
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is comple through 9 in Column B. Enter the total(s).		\$2,449.80 s \$4,509.00 s		
11	Total. If Column B has been completed, add Line 10, Column A to Lin enter the total. If Column B has not been completed, enter the amount A.		s 4, 509.00		
	Part II. CALCULATION OF § 1325(b)(4) Co	OMMITMENT PI	ERIOD		
12	Enter the amount from Line 11.		\$4,509.00		
13	Marital adjustment. If you are married, but are not filing jointly with a calculation of the commitment period under § 1325(b)(4) does not requispouse, enter on Line 13 the amount of the income listed in Line 10, Coregular basis for the household expenses of you or your dependents and for excluding this income (such as payment of the spouse's tax liability other than the debtor or the debtor's dependents) and the amount of inconcessary, list additional adjustments on a separate page. If the conditional apply, enter zero. a. b. c. Total and enter on Line 13.	ire inclusion of the incolumn B that was NOT I specify, in the lines be or the spouse's supportant devoted to each put	paid on a elow, the basis t of persons urpose. If justment do not		
14	Subtract Line 13 from Line 12 and enter the result.		\$ 4,509.00 y the number 12 \$ 54,/08.00		
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and enter the result.				
16	Applicable median family income. Enter the median family income for (This information is available by family size at www.usdoj.gov/ust or (court.) a. Enter debtor's state of residence:	from the clerk of the ba			
17	Application of § 1325(b)(4). Check the applicable box and proceed as The amount on Line 15 is less than the amount on Line 16. Checa years" at the top of page 1 of this statement and continue with this is 5 years" at the top of page 1 of this statement and continue with the is 5 years" at the top of page 1 of this statement and continue with	directed. ck the box for "The apples statement. Check the box for "The	plicable commitment period is		
	Part III. APPLICATION OF § 1325(b)(3) FOR DETER		SABLE INCOME		
18	Enter the amount from Line 11.		\$4,509.00		

19	Marital adjustment. If you are married of any income listed in Line 10, Colum of the debtor or the debtor's dependents income (such as payment of the spouse or the debtor's dependents) and the among adjustments on a separate page. If the c	n B that was NO s. Specify in the 's tax liability or ount of income d	T paid lines b the sp levoted	on a regular basis for the household elow the basis for excluding the Coluouse's support of persons other than to each purpose. If necessary, list achis adjustment do not apply, enter zero.	expenses imn B the debtor dditional	
	a. b. c.			\$ O \$ O \$ O		
	Total and enter on Line 19.	•	·			\$ 🔿
20	Current monthly income for § 1325(1)(3). Subtract L	Line 19	from Line 18 and enter the result.	:	4509.00
21	Annualized current monthly income and enter the result.	for § 1325(b)(3)	, Mul	tiply the amount from Line 20 by the	number 12	4509.00 \$54,108.00 \$90,604:06
22	Applicable median family income. Er	ter the amount f	rom L	ine 16.		s 90, bour:06
23	Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable income is determined"					
	Part IV. CALCU	LATION OF	DEI	DUCTIONS FROM INCOME	3	
	Subpart A: Deductions t	ınder Standa	rds o	f the Internal Revenue Servic	e (IRS)	
24A	National Standards: food, apparel an miscellaneous. Enter in Line 24A the "Expenses for the applicable household clerk of the bankruptcy court.)	Total" amount f	rom IF	tS National Standards for Allowable I	or from the	\$
24B	National Standards: health care. Enter in Line all below the amount from IRS National Standards for Out- of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out- of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust or from the clerk of the bankruptcy court.) Enter in Line b1 the number of members of your household who are under 65 years of age, and enter in Line b2 the number of members of your household who are 65 years of age or older. (The total number of household members must be the same as the number stated in Line 16b.) Multiply Line a1 by Line b1 to obtain a total amount for household members 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for household members 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					
Household members under 65 years of age Household members 65 years of age or older						
	al. Allowance per member		a2.	Allowance per member		
	b1. Number of members		b2.	Number of members		
	e1. Subtotal		¢2.	Subtotal		\$
25A	Local Standards: housing and utilitie Utilities Standards: non-mortgage expe is available at www.usdoj gov/ust/ or fr	nses for the appl	icable	county and household size. (This info	ormation	\$

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	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and household size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.				
25B	a.	IRS Housing and Utilities Standards; mortgage/rent expense	\$		
	b.	Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47	\$		
	c.	Net mortgage/rental expense	Subtract Line b from Line a.	\$	
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:				
	Local Standards: transportation; vehicle operation/public transportation expense. You are entitled to an expense allowance in this category regardless of whether you pay the expenses of operating a vehicle and regardless of whether you use public transportation.				
27A	Check the number of vehicles for which you pay the operating expenses or for which the operating expenses are included as a contribution to your household expenses in Line 7. \square 0 \square 1 \square 2 or more.				
2/A	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
27B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for your public transportation expenses, enter on Line 27B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)				
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) I I 2 or more. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from				
	a.	IRS Transportation Standards, Ownership Costs	\$		
	b.	Average Monthly Payment for any debts secured by Vehicle I, as stated in Line 47	\$		
	c.	Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$	

		I Standards: transportation ownership/lease expense; Vehicle 2.	Complete this Line only if you	
29	Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero.			
	a.	IRS Transportation Standards, Ownership Costs	\$	
	b.	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47	s	
	c.	Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$
30	feder	r Necessary Expenses: taxes. Enter the total average monthly expeal, state, and local taxes, other than real estate and sales taxes, such, social-security taxes, and Medicare taxes. Do not include real estate.	as income taxes, self-employment	\$
31	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly deductions that are required for your employment, such as mandatory retirement contributions, union dues, and uniform costs. Do not include discretionary amounts, such as voluntary 401(k) contributions.			·\$
Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			S	
Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 49.			\$	
Other Necessary Expenses: education for employment or for a physically or mentally challenged child. Enter the total average monthly amount that you actually expend for education that is a condition of employment and for education that is required for a physically or mentally challenged dependent child for whom no public education providing similar services is available.			\$	
Other Necessary Expenses: childcare. Enter the total average monthly amount that you actually expend on childcare—such as baby-sitting, day care, nursery and preschool. Do not include other educational payments.			\$	
36	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 24B. Do not include payments for health insurance or health savings accounts listed in Line 39.			\$
37	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service—such as pagers, call waiting, caller id, special long distance, or internet service—to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			\$
38	Total	Expenses Allowed under IRS Standards. Enter the total of Lines	24 through 37.	\$
		Subpart B: Additional Living Expen		
		Note: Do not include any expenses that you ha	ive listed in Lines 24-37	

	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
	a.	Health Insurance		\$		
39	b.	Disability Insurar	nce	\$		
	c.	Health Savings A		\$		
		nd enter on Line 39				
	If you space t	do not actually expo	end this total amount, state your a			\$
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	actuall	y incur to maintain th	violence. Enter the total average rease safety of your family under the F. The nature of these expenses is re	amily Violence Prevent	ion and Services Act or	 s
42	Other applicable federal law. The nature of these expenses is required to be kept confidential by the court. Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your case trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.					
43	Education expenses for dependent children under 18. Enter the total average monthly expenses that you actually incur, not to exceed \$137.50 per child, for attendance at a private or public elementary or secondary school by your dependent children less than 18 years of age. You must provide your case trustee with documentation of your actual expenses, and you must explain why the amount claimed is reasonable and necessary and not already accounted for in the IRS Standards.					
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the amount reasonably necessary for you to expend each month on charitable contributions in the form of cash or financial instruments to a charitable organization as defined in 26 U.S.C. § 170(c)(1)-(2). Do not include any amount in excess of 15% of your gross monthly income.					
46	Total	Additional Expense	Deductions under § 707(b). Enter	the total of Lines 39 thr	ough 45.	\$
			Subpart C: Deductions t	for Debt Payment		
	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.					
47		Name of Creditor	Property Securing the Debt	Average Monthly Payment	Does payment include taxes or insurance?	
	a. b.			\$ \$	☐ yes ☐ no ☐ yes ☐ no	
	c.			\$	□ yes □ no	
				Total: Add Lines a, b, and c	;	\$

48	a mo inclu to the inclu	tor vehicle, or other prope de in your deduction 1/60 e payments listed in Line 4 de any sums in default tha	claims. If any of debts listed in Line 47 a city necessary for your support or the sup th of any amount (the "cure amount") that 47, in order to maintain possession of the at must be paid in order to avoid reposses chart. If necessary, list additional entries	port of your dependents, you may at you must pay the creditor in addition property. The cure amount would sion or foreclosure. List and total any	;
70		Name of Creditor	Property Securing the Debt	1/60th of the Cure Amount	
	a.			\$	
	b.			\$	
	c.			\$	
				Total: Add Lines a, b, and c	\$
49	as pr	iority tax, child support ar	ority claims. Enter the total amount, divind alimony claims, for which you were lit tobligations, such as those set out in L	able at the time of your bankruptcy	\$
		nter 13 administrative exting administrative expens	penses. Multiply the amount in Line a b	y the amount in Line b, and enter the	
	a.	a. Projected average monthly chapter 13 plan payment.			
50	b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust-or-from-the-clerk-of-the-bankruptcy-court.)			x	
	¢.	Average monthly admin	istrative expense of chapter 13 case	Total: Multiply Lines a and b	\$
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.				
			Subpart D: Total Deductions fr	om Income	
52	Tota	l of all deductions from i	income. Enter the total of Lines 38, 46, a	and 51.	\$
		Part V. DETERM	INATION OF DISPOSABLE I	NCOME UNDER § 1325(b)(2)	
53	Tota	l current monthly incom	e. Enter the amount from Line 20.		\$
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.				
Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).					\$
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.				s

	Deduction for special circumstances. If there are special circumstances that justify additional expenses for which there is no reasonable alternative, describe the special circumstances and the resulting expenses in lines a-c below. If necessary, list additional entries on a separate page. Total the expenses and enter the total in Line 57. You must provide your case trustee with documentation of these expenses and you must provide a detailed explanation of the special circumstances that make such expenses necessary and reasonable.				
57		Nature of special circumstances	Amount	of expense	
	a.		\$		
	b.		\$		İ
	c.		\$		
			Total: A	dd Lines a, b, and c	s
58	Total the res	adjustments to determine disposable income. Add t sult.	he amounts on Line	s 54, 55, 56, and 57 and ent	er \$
59	Month	hly Disposable Income Under § 1325(b)(2). Subtract	Line 58 from Line 3	3 and enter the result.	\$
	-1	Part VI: ADDITIONAL	EXPENSE CL	AIMS	
	and we	Expenses. List and describe any monthly expenses, nelfare of you and your family and that you contend she under § 707(b)(2)(A)(ii)(1). If necessary, list additions the monthly expense for each item. Total the expenses.	ould be an additional nal sources on a sep	deduction from your curre	nt monthly
60	ii verag	Expense Description		Monthly Amount	
	ä.			\$	
	ь.			\$	
	<u>c.</u>			\$	
	į	Total: Add	Lines a, b, and c	\$	
		Part VII: VER	FICATION		
61		nre under penalty of perjury that the information provide biors must sign.) Date: Date:	led in this statement Signature:	is true and correct. (If this	is a joint case,
		Date:	Signature:(Jo	int Debtor, if any)	_

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U.S. F. CYCCOURT